Case 24-56749-pwb Doc 16 Filed 07/16/24 Entered 07/16/24 15:25:42 Desc Main Document Page 1 of 47

| Fill in this in | formation to identify | your case: | |
|---------------------|---------------------------|----------------------|-----------|
| Debtor 1 | Howard Heath Y | oung/ | |
| - | First Name | Middle Name | Last Name |
| Debtor 2 | Lauren Kathryn | Young | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern District of | Georgia |
| Case number | 24-56749 (If known) | | |

| | Chec | k if | this | is | an |
|---|------|------|---------|----|----|
| á | amer | nde | d filir | าต | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B) | °04E 000 00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$945,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 17,988.01 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>962,988.01</u> |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ <u>2,445,402.50</u> |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ 1,209,480.48 |
| Your total liabilities | \$ <u>3,654,882.98</u> |
| art 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) | \$ 10,025.38 |
| Copy your combined monthly income from line 12 of Schedule I | φ <u>10,020.00</u> |
| Schedule J: Your Expenses (Official Form 106J) | _{\$} 10,025.58 |

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Howard Young & Lauren Young

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Debtor 1

First Name Middle Name

24-56749 Case number (if known)

| Pa | art 4: Answer These Questions for Administrative and Statistical Records | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this for Yes | orm to the court with your other | r schedules. |
| 7. | What kind of debt do you have? ☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | ses. 28 U.S.C. § 159. | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | come from Official | \$ |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | |
| | From Part 4 on <i>Schedule E/F</i> , copy the following: | | |
| | 9a. Domestic support obligations (Copy line 6a.)9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | |
| | 9d. Student loans. (Copy line 6f.) | \$ | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ |] |
| | 9g. Total. Add lines 9a through 9f. | \$ | |

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| Fill in this information to identify your case and t | his filing: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Debtor 1 Howard Heath Young | | |
| | t Name | |
| Debtor 2 Lauren Kathryn Young (Spouse, if filing) First Name Middle Name | .ast Name | |
| United States Bankruptcy Court for the: Northern Distr Georgia | ict of | |
| | | ☐ Check if this is |
| Case number 24-56749 | | an amended filing |
| Official Form 106A/B | | |
| Schedule A/B: Proper | ty | 12/15 |
| In each category, separately list and describe iter category where you think it fits best. Be as compresponsible for supplying correct information. If write your name and case number (if known). An Part 1: Describe Each Residence, Buildin | lete and accurate as possible. If two married peo more space is needed, attach a separate sheet to swer every question. | ple are filing together, both are equally this form. On the top of any additional pages, |
| 1. Do you own or have any legal or equitable into | erest in any residence, building, land, or similar p | property? |
| ☐ No. Go to Part 2 | , , , , , , , , , , , , , , , , , , , , | |
| Yes. Where is the property? | | |
| 1.1 2015 Forest Glen Drive Street address, if available, or other description | What is the property? Check all that apply — ☑ Single-family home | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : |
| Sireet address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Claims Secured by Property: |
| Braselton GA 30517 | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? Current value of the portion you own? |
| City State ZIP Code | ☐ Investment property ☐ Timeshare | \$ 945,000.00 \$ 945,000.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the |
| Jackson County | Other | entireties, or a life estate), if known. |
| County | Who has an interest in the property? Check one | Fee simple |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Check if this is community property |
| | Debtor 1 and Debtor 2 only | |
| | At least one of the debtors and another | |
| | Other information you wish to add about this property identification number: | item, such as local |
| | all of your entries from Part 1, including any entrier | |
| Part 2: Describe Your Vehicles | | |
| Do you own, lease, or have legal or equitable into you own that someone else drives. If you lease a v | | |
| 3. Cars, vans, trucks, tractors, sport utility veh | icles, motorcycles | |
| ✓ Yes | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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| 3.1 | Make:Volvo Model:XC90 Year: 2023 Approximate mileage: 4000 Other information: Lease. See Schedule G. | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property? \$ 60,000.00 | ms on <i>Schedule D:</i> |
|-------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 3.2 | Make: Volvo Model: S60 | Who has an interest in the property? Check one ☐ Debtor 1 only | Do not deduct secured clair amount of any secured clair Creditors Who Have Claims | ms on <i>Schedule D:</i> |
| G | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Vs and other recreational vehicles, other vehicles, and an anal watercraft, fishing vessels, snowmobiles, motorcycle according | entire property? \$ 45,000.00 | Current value of the portion you own? \$ 0.00 |
| 5. y | dd the dollar value of the portion you o ou have attached for Part 2. Write that | own for all of your entries from Part 2, including any entries number here | for pages | \$0.00 |
| Part : | Describe Your Personal and | Household Items | | |
| rait | 5, 20001100 1001 1 01001101 0110 | | | |
| Do yo | ou own or have any legal or equitable | interest in any of the following? | | Current value of the portion you own? |
| 6. F | Household goods and furnishings | | | Do not deduct secured claims or exemptions. |
| | Examples: Major appliances, furniture, li No ✓ Yes. Describe household goods and furnishings | nens, china, kitchenware | | £ 2 200 00 |
| | | | | \$ 3,200.00 |
| 7. E | Electronics | | | |
| | collections; electronic devices | , video, stereo, and digital equipment; computers, printers, scar s including cell phones, cameras, media players, games | iners; music | |
| | Yes. Describe | | | |
| | Electronics | | | \$ 2,000.00 |
| 8. c | Collectibles of value | | | |
| | stamp, coin, or baseball card | ngs, prints, or other artwork; books, pictures, or other art object collections; other collections, memorabilia, collectibles | 3; | |
| | Yes. Describe | | | |
| 9. E | Equipment for sports and hobbies Examples: Sports, photographic, exercis and kayaks; carpentry tools; i | e, and other hobby equipment; bicycles, pool tables, golf clubs, | skis; canoes | |
| | ☐ No ☐ Yes. Describe | | | |
| | Sporting and hobby equipment | | | |
| | | | | \$ 100.00 |

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| 10. | Firearms | | | |
|--------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|
| | Examples: Pistols, rifles, shotguns, a | ammunition, and related equipment | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 11. | Clothes | | | |
| | | ather coats, designer wear, shoes, accessories | | |
| | No ✓ Yes. Describe | | | |
| | | | 1 | |
| | personal clothing and shoes | | \$ <u>500.00</u> | |
| | | | Ф <u>500.00</u> | |
| 12. | Jewelry | | İ | |
| | | ne jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems | | |
| | gold, silver | (a) (a) | | |
| | □ No | | | |
| | Yes. Describe | | | |
| | wedding rings, watches, and jewelr | / | | |
| | | | \$ 8,000.00 | <u>0</u> |
| | | | | |
| 13. | Non-farm animals | | | |
| | Examples: Dogs, cats, birds, horses | | | |
| | □ No | | | |
| | Yes. Describe | | | |
| | Dog | | | |
| | | | \$ <u>200.00</u> | |
| | | | | |
| 14. | _ | old items you did not already list, including any health aids you did not list | | |
| | No Civa anacific information | | | |
| | Yes. Give specific information | | | |
| | | rou own for all of your entries from Part 3, including any entries for pages | | \$14,000.00 |
| , | | | | V 2.1,000.00 |
| | _ | | | |
| Part | 4: Describe Your Financial | Assets | | |
| Do v | ou own or have any legal or equit | able interest in any of the following? | Current va | lue of the |
| D 0 y | ou own or have any legal or equili | and interest in any or the following. | portion you | |
| | | | Do not dedu claims or ex | |
| 16. | Cash | | | • |
| | Examples: Money you have in your v | wallet, in your home, in a safe deposit box, and on hand when you file your petition | | |
| | ✓ No | | | |
| | Yes | Cash | \$ | |
| 17. | Deposits of money | | | |
| | Examples: Checking, savings, or oth | er financial accounts; certificates of deposit; shares in credit unions, brokerage houses ons. If you have multiple accounts with the same institution, list each. | | |
| | □ No | , | | |
| | ✓ Yes | Institution name: | | |
| | 17.1. Checking account: | USAA (3371) | \$ <u>187.08</u> | |
| | | | \$ <u>25.00</u> | |
| | 17.2. Checking account: | USAA (custodial account) | - | |
| | 17.3. Checking account: | Northeast Georgia Bank | \$ <u>3,750.93</u> | <u> </u> |
| | 17.4. Checking account: | USAA (custodial account) | \$ 25.00 | |
| | | | | |

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Debtor 1 Howard Heath Young & Lauren Kathryn Young Document

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Case number(if known) 24-56749

18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ✓ Yes. Give specific information about them..... Name of entity: % of ownership: Techmonk, LLC \$ Unknown 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about them....... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **✓** No ☐ Yes..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No No ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ✓ No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No No Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Yes. Give specific information about them, including whether you already filed the returns and the tax years... Federal: \$ 0.00 State: \$ 0.00 Local: \$ 0.00

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Howard Heath Young & Lauren Kathryn Young Document Page 7 of 47 Case number(if known) 24-56749

Last Name Last Name

| 29. | Family support | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|
| | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | | |
| | ✓ No | | |
| | Yes. Give specific information | | |
| 30. | Other amounts someone owes you | | |
| | Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else | | |
| | ☑ No | | |
| | Yes. Give specific information | | |
| 31. | Interests in insurance policies | | |
| | □ No | | |
| | Yes. Name the insurance company of each policy and list its value | | |
| | Company name: Beneficiary: | Surrender or refund value: | |
| | Term Life Insurance | | |
| 22 | | \$ <u>Unknown</u> | |
| 32. | Any interest in property that is due you from someone who has died | | |
| | ✓ No ☐ Yes. Give specific information | | |
| 33 | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment | | |
| 55. | | | |
| | ✓ No ☐ Yes. Give specific information | | |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims | | |
| | ☑ No | | |
| | Yes. Give specific information | | |
| 35. | Any financial assets you did not already list | | |
| | ☑ No | | |
| | Yes. Give specific information | | |
| | Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | > | \$3.988.01 |
| • | | | + -, |
| Part | 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in | Part 1. | |
| 37 | Do you own or have any legal or equitable interest in any business-related property? | | |
| 01. | ✓ No. Go to Part 6. | | |
| | Yes. Go to line 38. | | |
| | | | |
| | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. | | |
| Part | If you own or have an interest in farmland, list it in Part 1. | | |
| 46. | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | | |
| | No. Go to Part 7. | | |
| | Yes. Go to line 47. | | |
| | | | |
| Part | 7. Describe All Property You Own or Have an Interest in That You Did Not List Above | | |
| 53 | Do you have other property of any kind you did not already list? | | |
| 00. | Examples: Season tickets, country club membership | | |
| | | | |
| | ✓ No ☐ Yes. Give specific | | |
| | information | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that number here | | |
| | | | \$ <u>0.00</u> |
| | | | |

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Debtor 1 Howard Heath Young & Lauren Kathryn Young Document

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Case number(if known) 24-56749

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2-----\$945,000.00 \$ 0.00 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 \$ 14,000.00 58. Part 4: Total financial assets, line 36 \$ 3,988.01 59. Part 5: Total business-related property, line 45 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00 \$ 0.00 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 \$ 17,988.01 Copy personal property total> +\$ 17,988.01 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$ 962,988.01

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| Fill in this in | formation to ider | ntify your case: | |
|---------------------|----------------------|----------------------------------|-----------|
| Debtor 1 | Howard Heath You | ung | |
| - | First Name | Middle Name | Last Name |
| Debtor 2 | Lauren Kathryn Yo | oung | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | 3ankruptcy Court for | r the: Northern District of Geor | gia |
| Case number | 24-56749 | | \/ |
| (If known) | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim | as Exempt | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------|------------------------------------|
| Which set of exemptions are you claiming? You are claiming state and federal nonbant You are claiming federal exemptions. 11 U | kruptcy exemptions. 11 U.S.C. { | 0 , | |
| 2. For any property you list on <i>Schedule A/B</i> th | | n the information below. | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Household Goods - household goods and furnishings description: Line from Schedule A/B: 6 | \$ <u>3,200.00</u> | \$\frac{3,200.00}{100\% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) |
| Brief Electronics - Electronics description: Line from Schedule A/B: 7 | \$ 2,000.00 | \$ 2,000.00 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) |
| Brief Sports & Hobby Equipment - Sporting and hequipment description: Line from Schedule A/B: 9 | \$ 100.00 | \$\frac{100.00}{100\% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) |
| 3. Are you claiming a homestead exemption o (Subject to adjustment on 4/01/25 and every 3 ☑ No ☐ Yes. Did you acquire the property covered ☐ No ☐ Yes | years after that for cases filed o | | |

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Howard Heath Young & Lauren ខណ្ឌមហាទូចាំព្យៃ
First Name Middle Name Last Name

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Case number (# known) 24-56749

Debtor

Part 2:

Additional Page

| | | otion of the property and line e A/B that lists this property | Current value of the portion you own Copy the value from | exemption you claim Check only one box | Specific laws that allow exemption |
|--------------------------|--------------------------------|---------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------|
| | Clothin | ng - personal clothing and shoes | Schedule A/B | for each exemption | |
| Line 1 | ription: | g - personal clouding and shoes | \$ <u>500.00</u> | \$ 500.00 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) |
| Brief descr Line 1 | Jewelr | y - wedding rings, watches, and jewelry | \$8,000.00 | \$\frac{1,000.00}{100\% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(5) |
| Line 1 | Pet(s) ription: from dule A/B: | - Dog | \$ <u>200.00</u> | \$ 200.00 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) |
| Brief descr | ription: from | | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief | dule A/B: ription: from | | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| | dule A/B: | | | | |
| Brief descr Line 1 | ription: | | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| | dule A/B: | | | | |
| | ription: | | \$ | \$ 100% of fair market value, up to | 0 |
| Line 1 | rom dule A/B: | | | any applicable statutory limit | |
| Brief descr | ription: | | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Line 1 Sche | from <i>dule A/B:</i> | | | any applicable statutory limit | |
| Brief descr | ription: | | \$ | \$100% of fair market value, up to | |
| Line 1 | from dule A/B: | | | any applicable statutory limit | |
| Brief descr | ription: | | \$ | \$100% of fair market value, up to | |
| Line 1 | from dule A/B: | | | any applicable statutory limit | |
| Brief descr | ription: | | \$ | \$100% of fair market value, up to | |
| Line 1 | from dule A/B: | | | any applicable statutory limit | |
| Brief descr | ription: | | \$ | \$100% of fair market value, up to | |
| Line 1 | from dule A/B: | | | any applicable statutory limit | |

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| Debtor 1 | Howard Heat | h Young | | |
|-------------|----------------------|------------------------------------|-----------|---|
| DCDIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Lauren k | Cathryn Young | | |
| (Snouge if | filing) First Name | | | _ |
| (Spouse, ii | IIIII (g) First Name | Middle Name | Last Name | |
| , | 3, | Middle Name Court for the: Northe | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| Part | List All Secured Claims | | | | |
|------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|
| S | | re than one secured claim, list the creditor editor has a particular claim, list the other creditors in alphabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | | Describe the property that secures the claim: | \$ <u>571,980.00</u> | \$ 945,000.00 | \$ 0.00 |
| | Pen Fed Creditor's Name PO Box 1432 | 2015 Forest Glen Drive, Braselton, GA 30517 - | \$945,000.00 | | |
| | Number Street Alexandria VA 22313 | As of the date you file, the claim is: Check all that apply. | | | |
| | City State ZIP Code Who owes the debt? Check one. Debtor 1 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) | | | |
| | Check if this claim relates to a community debt | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| | Date debt was incurred 7/12/2021 | Other (including a right to offset) Last 4 digits of account number | | | |
| | | | | | |

page 1 of 2

| 2.2 | | Describe the property that secures the claim: \$ 1,873,422.50 | \$ 945,000.00 | \$ <u>1,500,402.50</u> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|
| | Small Business Administration Creditor's Name c/o Thomas E. Austin, Jr. , LLC Number Street 2451 Cumberland Parkway, SE, Suite | 2015 Forest Glen Drive, Braselton, GA 30517 - \$945,000.00 As of the date you file, the claim is: Check all that apply. | | |
| | 35043836 | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | Atlanta GA 30339 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 10/28/2022 | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | | |
| | Add the dollar value of your entries in Col | umn A on this page. Write that number here: \$ 2,445,402.50 | | |

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Check if this is an amended filing

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part | Part 1: List All of Your PRIORITY Unsecured Claims | | | | | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|--------------------|--|
| | o any creditors have priority unsecured claims a No. Go to Part 2. Yes. | against you? | | | | |
| cl aı cl | 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) | | | | | |
| | | | Total claim | Priority amount | Nonpriority amount | |
| 2.1 | Georgia Department of Labor Priority Creditor's Name 148 Andrew Young Int'l Blvd NE Number Street Atlanta GA 30303 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated ☑ Other. Specify | | | | |
| | | | | | | |

CHOWARD HOUSE LAWREN KAITH YN YN CHONG LAWREN KAITH YN YN YN CHONG CHOWARD PROPERTY CONTROL FILED 07/16/24 Entered 07/16/24 Sp. 24 Sp.

| Georgia Department of Revenue Priority Creditor's Name | Last 4 digits of account number When was the debt incurred? | \$ <u>Unknown</u> | \$ <u>Unknown</u> | \$ <u>Unknown</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|
| 1800 Century Blvd Number Street Suite 9100 | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | |
| Atlanta GA 30345 | ☐ Disputed | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☑ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify | | | |

CHOWARD HARD COUNTY FULL PROPERTY FILED 07/16/24 Entered
| Part | 1: Your PRIORITY Unsecured Claims — Cor | ntinuation Page | | | |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-----------------------|
| After so fo | listing any entries on this page, number them l rth. | peginning with 2.3, followed by 2.4, and | Total claim | Priority amount | Nonpriority amount |
| 2.3 | Internal Revenue Service Priority Creditor's Name | Last 4 digits of account number When was the debt incurred? | \$ <u>Unknown</u> | \$ <u>Unknown</u> | \$ <u>Unknown</u> |
| | 401 W. Peachtree St. NW Number Street Stop 334-D | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Atlanta GA 30308 | Unliquidated Disputed | | | |
| | City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? | Type of PRIORITY unsecured claim: □ Domestic support obligations ☑ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify | | | |
| | ✓ No Yes | | | | |
| Part | 2: List All of Your NONPRIORITY Unsecured | l Claims | | | |
| | any creditors have nonpriority unsecured clain No. You have nothing else to report in this part Yes. Fill in all of the information below. | ns against you? . Submit to the court with your other schedules. | | | |
| no in | onpriority unsecured claim, list the creditor separate | ne alphabetical order of the creditor who holds each ely for each claim. For each claim listed, identify what ty particular claim, list the other creditors in Part 3.If you h | pe of claim it is | . Do not list clai | ms already |
| | | | | | Total claim |
| 4.1 | Apple Card - Goldman Sachs Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? 10/17/2021 | | | \$ 12,642.00 |
| | Lockbox 6112 | As of the date you file, the claim is: Check all that | apply. | | |
| | Number Street PO Box 7247 | ☐ Contingent ☐ Unliquidated | | | |
| | Philadelphia PA 19170 | Disputed | | | |
| | City State ZIP Code Who owes the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | | | |
| | Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement o that you did not report as priority claims | r divorce | | |
| | Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other sidebts | similar | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | Other. Specify consumer | | | |
| | Is the claim subject to offset? ✓ No ☐ Yes | | | | |
| | | | | | |
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| 4.2 | RMT Capital Group, Inc. | Last 4 digits of account number | \$ 104,930.00 |
| | BMT Capital Group, Inc Nonpriority Creditor's Name | When was the debt incurred? 03/15/2024 | <u> </u> |
| | c/o Law Offices of Isaac H. Greenfield, PLLC | As of the date you file, the claim is: Check all that apply. | |
| | Number | ✓ Contingent | |
| | 2 Executive Blvd, Ste 305 | | |
| | <u> </u> | . ☑ Unliquidated | |
| | Suffern NY 10901 | ✓ Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | City State ZIP Code Who owes the debt? Check one. | ☐Student loans | |
| | Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| | = ' | that you did not report as priority claims | |
| | Debtor 2 only | Debts to pension or profit-sharing plans, and other similar | |
| | Debtor 1 and Debtor 2 only | debts | |
| | At least one of the debtors and another | ✓ Other. Specify business | |
| | Check if this claim relates to a community debt | | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.0 | | Last 4 digits of account number | |
| 4.3 | Capital One | When was the debt incurred? 8/19/2019 | \$ <u>4,754.00</u> |
| | Nonpriority Creditor's Name | when was the dest mounted: 0/13/2013 | |
| | PO Box 31293 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Salt Lake City UT 84131 | . Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt | ✓ Other. Specify consumer | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.4 | 0.710 | Last 4 digits of account number | \$ 11,042.00 |
| 7.7 | Capital One Nonpriority Creditor's Name | When was the debt incurred? 10/30/2021 | \$ 11,042.00 |
| | , , | | |
| | PO Box 31293 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Salt Lake City UT 84131 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | <u> </u> | |
| | Debtor 2 only | Student loans Obligations existing out of a congretion paragraph or diverse | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community | debts | |
| | debt | ✓ Other. Specify consumer | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| | | | |

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| 4.5 | Capital One Nonpriority Creditor's Name PO Box 71083 Number Street | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent | \$ <u>7,139.67</u> |
| | Charlotte NC 28272 | Unliquidated | |
| | | | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | | ☐Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | ✓ Other. Specify consumer | |
| | | | |
| | ✓ No | | |
| | Yes | | |
| 4.6 | Fox Capital Group Inc. | Last 4 digits of account number | \$ 100,000.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 03/28/2024 | |
| | c/o Lieberman Klestzick LLP | As of the date you file, the claim is: Check all that apply. | |
| | Number | Contingent | |
| | Street 1915 Hollywood Blvd, Ste 200 | Unliquidated Unliquidated | |
| | | ✓ Disputed | |
| | Hollywood FL 33020 | Disputed | |
| | City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| | City State ZIP Code Who owes the debt? Check one. | Student loans | |
| | Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| | Debtor 2 only | that you did not report as priority claims | |
| | Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar | |
| | At least one of the debtors and another | ─ debts ✓ Other. Specify business | |
| | Check if this claim relates to a community | Other. Specify business | |
| | debt | | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4 7 | | Last 4 digits of account number | . 0 105 50 |
| 4.7 | J. Crew | When was the debt incurred? | \$ <u>2,425.53</u> |
| | Nonpriority Creditor's Name | | |
| | PO Box 669820 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | ☐ Contingent | |
| | Dallas TX 75266 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | Who owes the debt? Check one. | Towns of MONDRIODITY among and alsima | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | ☐ Check if this claim relates to a community | debts | |
| | debt | Other. Specify consumer | |
| | Is the claim subject to offset? | | |
| | ☑ No | | |
| | Yes | | |
| | | | |

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|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 4.8 | Lightstream Nonpriority Creditor's Name PO Box 849 Number Street Wilson NC 27894 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number When was the debt incurred? 1/22/2020 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | \$ <u>27,408.00</u> |
| 4.0 | | Last 4 digits of account number | |
| 4.9 | Lightstream | When was the debt incurred? 7/5/2017 | \$ 13,887.00 |
| | Nonpriority Creditor's Name | When was the dest mounted. 17572017 | |
| | PO Box 849 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street Wilson NC 27894 | Contingent | |
| | | Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify consumer | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.10 | Overton Funding LLC | Last 4 digits of account number | \$ 125,000.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 03/29/2024 | |
| | c/o Lieberman Klestzick LLP | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | ✓ Contingent | |
| | 1915 Hollywood Blvd, Ste 200 | ✓ Unliquidated | |
| | Hallander Cl. 22000 | ✓ Disputed | |
| | Hollywood FL 33020 | Type of NONPRIORITY unsecured claim: | |
| | City State ZIP Code | Student loans | |
| | Who owes the debt? Check one. Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| | Debtor 2 only | that you did not report as priority claims | |
| | Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar | |
| | At least one of the debtors and another | debts ✓ Other. Specify business | |
| | Check if this claim relates to a community debt | G email openity administra | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| | | | |

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| Peachtree Corners Project Owner, LLC Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? 03/18/2024 | \$ <u>51,017.18</u> |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|
| c/o Todd Surden | As of the date you file, the claim is: Check all that apply. | |
| Street 400 Interstate N Pkwy, SE, Ste 600 | ✓ Contingent✓ Unliquidated | |
| Atlanta GA 30339 | ✓ Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: Student loans | |
| Who owes the debt? Check one. ✓ Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| At least one of the debtors and another | debts ✓ Other. Specify business | |
| ☐ Check if this claim relates to a community debt | | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| 4.12 Reliable Heating and Air | Last 4 digits of account number | \$ 26,217.58 |
| Nonpriority Creditor's Name | — When was the debt incurred? | |
| 1305 Chastain Rd Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| Ste 500 | Unliquidated | |
| Kennesaw GA 30144 | Disputed | |
| City State ZIP Code Who owes the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar | |
| At least one of the debtors and another | debts ✓ Other. Specify business | |
| Check if this claim relates to a community debt | | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| 4.13 Seamless Capital Group, Inc. | Last 4 digits of account number | \$ 143,455.13 |
| Nonpriority Creditor's Name | When was the debt incurred? 04/02/2024 | |
| c/o Boris Yankovich, Esq Number Street | As of the date you file, the claim is: Check all that apply. ✓ Contingent | |
| 1 World Trade Center, Ste 8500 | Unliquidated | |
| New York NY 10007 | ✓ Disputed | |
| City State ZIP Code Who owes the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar | |
| At least one of the debtors and another | debts ✓ Other. Specify business | |
| ☐ Check if this claim relates to a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| | | |
| | | |
| | | |

| The Jackson Companies Nonpriority Creditor's Name 1710 Dick Pond Rd Number Street Onlinguidated Disputed Other. Specify Dusiness Seat, Multiple Back SC 29575 Unliquidated Disputed Disputed Other Specify Dusiness Seat, Multiple Back SC 29575 Unliquidated Disputed Dispute | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------|--------------------------------------------------------------|----------------------|
| As of the date you file, the claim is: Check all that apply. Contingent | 4.14 | The Jackson Companies | Last 4 digits of account number | \$ <u>264,000.00</u> |
| Contingent Con | | Nonpriority Creditor's Name | When was the debt incurred? | |
| Myrde Beach SC _ 29575 | | 1710 Dick Pond Rd | • • • • • • • • • • • • • • • • • • • • | |
| Disputed | | Street | Contingent | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 8 only Debto | | Myrtle Beach SC 29575 | ☐ Unliquidated | |
| Debtor 1 only Debtor 2 only Suture to lans Sutur | | , | Disputed | |
| Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 4 only Debtor 5 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only Debto | | _ | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only Alt least one of the debtors and another Check if this claim relates to a community debt Check if this claim subject to offset? No Yes Last 4 digits of account number Spruter Sprut | | | <u></u> | |
| that you did not report as priority claims check if this claim relates to a community debts s the claim subject to offset? Nopporing Creditors Name Clo Fortson, Bentley, and Griffin, P.A. Number Street 2500 Danells Bridge Rd Building 200, Suite 3A Athens GA 30606 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only At least one of the debtors and another Check if this claim relates to a community debt she claim subject to offset? Nopporing Creditors Name Check if this claim relates to a community debt San Antonio TX 78265 City State ZIP Code Who was the debt record Who was the debt record Check if this claim relates to a community debt she to debt record Check if this claim relates to a community debt City State ZIP Code Who was the debt record Check if this claim relates to a community debt San Antonio TX 78265 City State ZIP Code Who owes the debtr? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Codingent City State ZIP Code Who was the debt incurred? 2/88/2022 As of the date you file, the claim is: Check all that apply. Contingent When was the debt incurred? 2/88/2022 As of the date you file, the claim is: Check all that apply. Contingent Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not report as priority claims Code that you did not rep | | = ' | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a community lebts Specify business | | <u>-</u> | that you did not report as priority claims | |
| Steel claim subject to offset? Other. Specify business Other. Specify consumer Other. Sp | | | | |
| Source Second S | | debt | _ ``` | |
| Yes | | Is the claim subject to offset? | _ | |
| Last 4 digits of account number S 257,600.00 | | = | | |
| The Markets at Epps Bridge, LC Nonpriority Creditor's Name As of the date you file, the claim is: Check all that apply. Contingent Disputed | | ∐ Yes | | |
| Nonpriority Creditor's Name c/o Fortson, Bentley, and Griffin, P.A. Number Street 2500 Daniell's Bridge Rd Building 200, Suite 3A Athens GA 30606 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Street San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply. Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Street San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Check if this claim relates to a community debt State claim subject to offset? City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 tleast one of the debtors and another Check if this claim relates to a community debt State claim subject to offset? Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 2 only Debtor 8 and Debtor 9 and Debtor 9 and Another Debtor 9 and Debtor 9 and Debtor 9 and Another Debtor 9 and Debtor 9 and Debtor 9 and Another Debtor 9 and Debtor 9 and Port 9 | 4.15 | The Markets at Epps Bridge LLC | • | \$ 257,600.00 |
| Number Street 2500 Daniell's Bridge Rd Building 200, Suite 3A Unliquidated Disputed Unliquidated Disputed Unliquidated Disputed Unliquidated U | | | When was the debt incurred? | |
| Athens GA 30606 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt SAA Nonpriority Creditor's Name PO Box 47504 Number San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obets to pension or profit-sharing plans, and other similar debts Other. Specify business Last 4 digits of account number 3184 When was the debt incurred? 2/81/2022 As of the date you file, the claim is: Check all that apply. Contingent City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No No Other. Specify business **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** **30,241.00** | | | As of the date you file, the claim is: Check all that apply. | |
| Athens GA 30606 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim relates to a community debt Is the claim subject to offset? No No PO Box 47504 Number Sireet San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 4 and 2 and 3 another Debtor 1 and Debtor 5 and 3 another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Debtor 4 and Debtor 3 and another Debtor 5 and Debtor 5 and another Debtor 5 and 5 a | | Street | | |
| Athens GA 30606 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Is the claim subject to offset? No Yes Last 4 digits of account number 3184 When was the debt incurred? 2/8/2022 As of the date you file, the claim is: Check all that apply. Contingent San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Oligations arising out of a separation agreement or divorce that you did not report as priority claims Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Type of NONPRIORITY unsecured claim: Debtor 2 only Oligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | | 2500 Danieir's Bridge Rd Building 200, Suite 3A | <u> </u> | |
| Who was the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes A.16 USAA Nonpriority Creditor's Name PO Box 47504 Number Street San Antonio TX 78265 City State ZiP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Check if this claim relates to a community debt Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Who owes the debt? Check one. Debtor 1 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Other. Specify business Student loans Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | | Athens GA 30606 | Disputed | |
| Who owes the debt? Check one. | | City State 7IP Code | Type of NONPRIORITY unsecured claim: | |
| that you did not report as priority claims □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ No □ Yes 4.16 USAA Nonpriority Creditor's Name PO Box 47504 San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim relates to a community debt Is the claim subject to offset? □ No Type of NONPRIORITY unsecured claim: □ Check if this claim relates to a community debt Is the claim subject to offset? □ No | | • | Student loans | |
| Debtor 1 and Debtor 2 only | | Debtor 1 only | | |
| Debtor 1 and Debtor 2 only debts | | Debtor 2 only | | |
| Check if this claim relates to a community debt Is the claim subject to offset? No Yes 4.16 USAA Nonpriority Creditor's Name PO Box 47504 Number Street San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one: Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Check if this claim relates to a community debt Is the claim subject to offset? No Last 4 digits of account number 3184 When was the debt incurred? 2/8/2022 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | | Debtor 1 and Debtor 2 only | | |
| State Claim subject to offset? No Yes | | At least one of the debtors and another | Other. Specify business | |
| No | | | | |
| USAA Nonpriority Creditor's Name PO Box 47504 Number Street San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No Last 4 digits of account number 3184 When was the debt incurred? 2/8/2022 As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify consumer | | Is the claim subject to offset? | | |
| USAA Nonpriority Creditor's Name PO Box 47504 Number Street San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No Last 4 digits of account number 3184 When was the debt incurred? 2/8/2022 San Account number 3184 When was the debt incurred? 2/8/2022 San Account number 3184 When was the debt incurred? 2/8/2022 San Account number 3184 When was the debt incurred? 2/8/2022 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify consumer | | ✓ No | | |
| When was the debt incurred? 2/8/2022 PO Box 47504 Number Street San Antonio TX 78265 Unliquidated City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No When was the debt incurred? 2/8/2022 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | | Yes | | |
| Nonpriority Creditor's Name PO Box 47504 Number Street San Antonio TX 78265 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? When was the debt incurred? 2/8/2022 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | 4.16 | LICAA | Last 4 digits of account number 3184 | \$ 30.241.00 |
| Number Street San Antonio TX 78265 | | | When was the debt incurred? 2/8/2022 | + , |
| Number Street San Antonio TX 78265 | | PO Box 47504 | As of the date you file, the claim is: Check all that apply | |
| San Antonio TX 78265 Unliquidated City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No ☐ Unliquidated ☐ Disputed ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify consumer | | Number Street | | |
| City State ZIP Code Who owes the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Disputed ☐ Debtare Claim: ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify consumer | | | - | |
| ✓ Debtor 1 only ✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another ✓ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify consumer | | City State ZIP Code | _ | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify consumer | | | Time of NONDDIODITY unaccount delains | |
| Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ No ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify consumer | | 2 | _ <u></u> ' | |
| that you did not report as priority claims At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify consumer | | | | |
| Check if this claim relates to a community debt Is the claim subject to offset? No | | <u> </u> | | |
| debt ✓ Other. Specify consumer Is the claim subject to offset? ✓ No | | | | |
| Is the claim subject to offset? ☑ No | | | _ | |
| | | Is the claim subject to offset? | - Salati opening contained | |
| ☐ Yes | | ✓ No | | |
| | | Yes | | |
| | | | | |

CHOWARD HOURS LAWREN KAITUND YOUNG LAWREN KAITUND YOUNG FILED 07/16/24 Entered 07/16/24 Entered 07/16/24 图 50/1491 Page 21 of 47

| 4.17 USAA | Last 4 digits of account number \$ 12,516.22 |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nonpriority Creditor's Name | - When was the debt incurred? |
| 9800 Fredericksburg Rd | As of the date you file, the claim is: Check all that apply. |
| Number Street | Contingent |
| San Antonio TX 78288 | _ Unliquidated |
| City State ZIP Code Who owes the debt? Check one. | Disputed |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: |
| Debtor 2 only | Student loans |
| Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce |
| At least one of the debtors and another | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar |
| ☐ Check if this claim relates to a community | debts |
| debt Is the claim subject to offset? | Other. Specify consumer |
| ✓ No | |
| ☐ Yes | |
| | Last 4 digits of account number |
| 4.18 USAA | = \$\frac{13,205.17}{200.17}\$ |
| Nonpriority Creditor's Name | A of the date was file the plain in Charle II that couls |
| 9800 Frederiskburg Rd Number | As of the date you file, the claim is: Check all that apply. |
| Street San Antonio TX 78288 | ☐ Contingent ☐ Unliquidated |
| City State ZIP Code | ☐ Disputed |
| Who owes the debt? Check one. | · |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: |
| Debtor 2 only | Student loans |
| Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar |
| Check if this claim relates to a community debt | debts Other Specify consumer |
| Is the claim subject to offset? | Other. Specify consumer |
| ✓ No | |
| Yes | |
| 4.19 Vivint Home Security | Last 4 digits of account number \$ 2,000.00 |
| Nonpriority Creditor's Name | When was the debt incurred? |
| 4931 N 300 | As of the date you file, the claim is: Check all that apply. |
| Number Street | Contingent |
| Provo UT 84604 | _ Unliquidated |
| City State ZIP Code | Disputed |
| Who owes the debt? Check one. | Type of NONPRIORITY unsecured claim: |
| ☐ Debtor 1 only ☐ Debtor 2 only | Student loans |
| Debtor 2 only Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce |
| At least one of the debtors and another | that you did not report as priority claims |
| Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts |
| debt | Other. Specify consumer |
| Is the claim subject to offset? | |
| ☑ No ☐ Yes | |
| | |
| Part 3: List Others to Be Notified About a Debt | That You Already Listed |
| 5. Use this page only if you have others to be notifi | ed about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a |
| | r a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection |
| | e creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If d for any debts in Parts 1 or 2, do not fill out or submit this page. |
| , | |
| Fox Conital Crown Inc | |
| Fox Capital Group, Inc. Creditor's Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 803 S 21st Avenue | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| Hollywood FL 33020 | |
| City State ZIP Code | Last 4 digits of account number |
| · | East 7 digits of account fluffisci |
| | |

CHOWARD HIGH NATION FILED 07/16/24 Entered 07/16/24 Ente

| | 0 | n which entry in Part | 1 or Part 2 did you list the original creditor? |
|-----------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| Creditor's Na 296 West | Broad Street C | ine 4.15 of (Check on laims ast 4 digits of accoun | Part 2: Creditors with Nonpriority Unsecured |
| Athens GA | | · · | |
| City Sta | ate ZIP Code d the Amounts for Each Type of Unsecured Claim | | |
| | nounts of certain types of unsecured claims. This in ounts for each type of unsecured claim. | formation is for statis | tical reporting purposes only. 28 U.S.C. § 159. |
| | | | Total claim |
| Total claims | 6a. Domestic support obligations | 6a. | \$ 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. Claims for death or personal injury while you intoxicated | were 6c. | \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. We amount here. | /rite that 6d. | \$ 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ 0.00 |
| nom runt 2 | 6g. Obligations arising out of a separation agreen divorce that you did not report as priority clair | 3 | \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and similar debts | other 6h. | \$ 0.00 |
| | Other. Add all other nonpriority unsecured claims amount here. | . Write that 6i. | \$ <u>1,209,480.48</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ 1,209,480.48 |

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| Fill in this | information to ic | lentify your case: | |
|------------------------|--------------------|----------------------|----------------------|
| Debtor 1 | Howard Heath | Young | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | thryn Young | |
| (Spouse, if | filing) First Name | Middle Name | Last Name |
| United Stat | tes Bankruptcy Co | ourt for the: Northe | rn District of Georg |
| | | | _ |
| Case numb (if know) | oer 24-56749 | | |
| (II KIIOW) | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease | State what the contract or lease is for |
|---------------------------------------------------------------------------------------|-----------------------------------------|
| Volvo Car Retail Name PO Box 91614 Street Mobile AL 36691 City State ZIP Code | 2023 Volvo XC90 |
| Volvo Car Retail Name PO Box 71102 Street Charlotte NC 28272-1102 City State ZIP Code | 2023 Volvo S60 |

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| Fill in this | information to i | identify your case: | |
|------------------------|--------------------|-----------------------|--------------------|
| Debtor 1 | Howard Heatl | h Young | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | athryn Young | |
| (Spouse, if | filing) First Name | Middle Name | Last Name |
| United Sta | tes Bankruptcy (| Court for the: Northe | rn District of Geo |
| Case numl (if know) | ber 24-56749 | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 2. V (2. V (3. li | California, Idaho, Louisiana, Nevada, New Mexico, No. Go to line 3. Yes. Did your spouse, former spouse, or legal en Column 1, list all of your codebtors. Do not in ne 2 again as a codebtor only if that person is | munity p Puerto F quivalent nclude y a guara | property state or te Rico, Texas, Washin live with you at the our spouse as a co ntor or cosigner. M | rritory? (Community property states and territories include Arizona, agton, and Wisconsin.) |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | Techmonk | | | Schedule D, line |
| | Name | | | Schedule E/F, line 4.14 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | |
| | Braselton | GA | 30517 | _ |
| | City | State | ZIP Code | |
| 3.2 | Techmonk | | | ✓ Schedule D, line 2.2 |
| | Name | | | Schedule E/F, line |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street Braselton | GA | 30517 | |
| | | | | - |
| 0.0 | City | State | ZIP Code | _ |
| 3.3 | Techmonk | | | Schedule D, line |
| | Name | | | ✓ Schedule E/F, line 4.6 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street Braselton | GA | 30517 | |
| | City | State | ZIP Code | - |
| 3.4 | Techmonk | | | Schedule D, line |
| | Name | | | Schedule E/F, line 4.11 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | |
| | Braselton | GA | 30517 | - |
| | City | State | ZIP Code | |

| 3.5 | Techmonk | | | Schedule D, line |
|-----|------------------------|-------|----------|---------------------------|
| | Name | | | ✓ Schedule E/F, line 4.2 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | _ |
| | Braselton | GA | 30517 | |
| | City | State | ZIP Code | |
| 3.6 | Techmonk | | | Schedule D, line |
| | Name | | | ✓ Schedule E/F, line 4.10 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | |
| | Braselton | GA | 30517 | |
| | City | State | ZIP Code | |
| 3.7 | Techmonk | | | Schedule D, line |
| | Name | | | ✓ Schedule E/F, line 4.13 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | |
| | Braselton | GA | 30517 | |
| | City | State | ZIP Code | |
| 3.8 | Techmonk | | | Schedule D, line |
| | Name | | | ✓ Schedule E/F, line 4.15 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | |
| | Braselton | GA | 30517 | |
| | City | State | ZIP Code | |
| 3.9 | Techmonk | | | Schedule D, line |
| | Name | | | Schedule E/F, line 4.12 |
| | 2015 Forest Glen Drive | | | Schedule G, line |
| | Street | | | |
| | Braselton | GA | 30517 | |
| | Citv | State | ZIP Code | |

| Case 24-56749-pw | vb Doc 16 File Docu | d 07/16/24 Entered 07/16/24 ment Page 26 of 47 | 15:25:42 Desc Main | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Fill in this information to identify | your case: | | | |
| Howard Heath Y | oung/ | | | |
| First Name Lauren Kathryn Debtor 2 | Young | Last Name | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | Northern District of Georg | gia | | |
| Case number24-56749 | - | <u>Ch</u> eck if th | nis is: | |
| (If known) | | An am | ended filing | |
| | | | e as of the following date: | 13 |
| Official Form 106I | | MM / D | D / YYYY | |
| | | | | |
| Schedule I: You | ır Income | | 12/15 | |
| Be as complete and accurate as posupplying correct information. If you flyou are separated and your spou | ossible. If two married pe ou are married and not fil use is not filing with you, top of any additional pa | ople are filing together (Debtor 1 and Debto ling jointly, and your spouse is living with y do not include information about your spo ges, write your name and case number (if k | r 2), both are equally responsible for ou, include information about your spou use. If more space is needed, attach a | use. |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Describe Employm | ossible. If two married pe ou are married and not fil use is not filing with you, top of any additional pa | ling jointly, and your spouse is living with y do not include information about your spo | r 2), both are equally responsible for ou, include information about your spou use. If more space is needed, attach a | use. |
| Be as complete and accurate as posupplying correct information. If you from the separated and your spouseparate sheet to this form. On the | ossible. If two married pe ou are married and not fil use is not filing with you, top of any additional pa | ling jointly, and your spouse is living with y do not include information about your spo | r 2), both are equally responsible for ou, include information about your spou use. If more space is needed, attach a | use. |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Describe Employm 1. Fill in your employment | ossible. If two married pe ou are married and not fil use is not filing with you, top of any additional pa | ling jointly, and your spouse is living with y do not include information about your spo ges, write your name and case number (if k | r 2), both are equally responsible for ou, include information about your spouse. If more space is needed, attach a nown). Answer every question. | use. |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Describe Employm 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional | ossible. If two married pe ou are married and not fil use is not filing with you, top of any additional pa ent | ling jointly, and your spouse is living with y do not include information about your spouges, write your name and case number (if k | r 2), both are equally responsible for ou, include information about your spouse. If more space is needed, attach a nown). Answer every question. Debtor 2 or non-filing spouse | use. |

| information. | | Debtor 1 | | | Debtor 2 or | non-filing spouse |
|----------------------------------------------------------------------------------------------------|-------------------------|----------------------|-------------|---------|--------------------------|---------------------------------------|
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employ | yed | | Employe | ed bloyed |
| Include part-time, seasonal, or self-employed work. | | Corporate | Installatio | n | Virtual Ex | ecutive Assistant |
| Occupation may include student or homemaker, if it applies. | Occupation | Storr Office | | | Belay Sol | utions, LLC |
| | Employer's name | | | | | · · · · · · · · · · · · · · · · · · · |
| | Employer's address | 10800 Woi | rld Trade I | Blvd | 885 Wood | dstock Rd |
| | | Number Street | | | Number Stre Ste 430-3 | |
| | | | | | | |
| | | Raleigh, N | C 27617 | | Roswell, | 30075-2274 |
| | | City | State Z | IP Code | City | State ZIP Code |
| | How long employed there | ? Just Starte | ed | | 3 months | |
| | | | | | | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | | For Debtor 1 | | Debtor 2 or Tiling spouse |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------|-------|------------------------------|
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$_11,666.68 | \$ | 1,365.00 |
| 3. Estimate and list monthly overtime pay. | 3. | +\$0.00 | + \$_ | 0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | 4. | \$ <u>11,666.68</u> | \$ | 1,365.00 |

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| | | | Fo | r Debtor 1 | | | ebtor 2 or iling spouse | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|-----------------|-----|----------|----------------------------|---|---------------|-----------|---|
| | Copy line 4 here= | → 4. | | 11,666.68 | ! | \$ | 1,365.00 | | | | |
| | ist all payroll deductions: | 7 T. | Ψ_ | | | Ψ | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 3,006.29 | | \$ | 0.00 | | | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$_ \$ | 0.00 | | \$ | 0.00 | | | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | | \$ | 0.00 | | | | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | | \$ | 0.00 | | | | |
| | 5e. Insurance | 5e. | \$ | 0.00 | | \$ | 0.00 | | | | |
| | 5f. Domestic support obligations | 5f. | \$ | 0.00 | | \$ | 0.00 | | | | |
| | 5g. Union dues | 5g. | \$_ | 0.00 | | \$ | 0.00 | | | | |
| | 5h. Other deductions. Specify: | 5h. | +\$ | 0.00 | | + \$ | 0.00 | | | | |
| | one care accusions opening. | 011. | · Ψ_ \$ | | | · » | | | | | |
| | | | \$ | | | \$_ | | | | | |
| | | | \$_ | | | \$ | | | | | |
| 6 | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ | 3,006.29 | | \$ | 0.00 | | | | |
| | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | Ψ_ \$ | 8,660.38 | | \$ | 1,365.00 | | | | |
| • | Calculate total monthly take nome pays castide into a nominate in | | Ψ_ | | | | | | | | |
| 8. | List all other income regularly received: | | | | | | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$_ | 0.00 | | \$ | 0.00 | | | | |
| | 8b. Interest and dividends | 8b. | \$ | 0.00 | | \$ | 0.00 | | | | |
| | 8c. Family support payments that you, a non-filing spouse, or a depende | ent | . – | | | | | | | | |
| | regularly receive Include alimony, spousal support, child support, maintenance, divorce | 0- | \$ | 0.00 | | \$ | 0.00 | | | | |
| | settlement, and property settlement. | 8c. | \$ | 0.00 | | • | 0.00 | | | | |
| | 8d. Unemployment compensation 8e. Social Security | 8d. 8e. | Ψ_ \$ | 0.00 | | Φ | 0.00 | | | | |
| | 8f. Other government assistance that you regularly receive | 00. | Ψ_ | | | Ψ | | | | | |
| | Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | ¢ | 0.00 | | ¢ | 0.00 | | | | |
| | Specify: | 8f. | Φ_ | | | Φ | | | | | |
| | 8g. Pension or retirement income | 8g. | \$_ | 0.00 | | \$ | 0.00 | | | | |
| | 8h. Other monthly income. Specify: | 8h. | + \$_ | 0.00 | | +\$_ | 0.00 | | | | |
| 9. | Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_ | 0.00 | | \$ | 0.00 | | | | |
| | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 8,660.38 | + | \$_ | 1,365.00 | = | <u>\$_10,</u> | 025.38 | _ |
| | State all other regular contributions to the expenses that you list in Schellnclude contributions from an unmarried partner, members of your household, friends or relatives. | | | dents, your roo | omm | ıates, a | and other | | | | |
| | Do not include any amounts already included in lines 2-10 or amounts that are | not a | vailabl | e to pay expe | nse | slisted | in Schedule J. | | | | |
| | Specify: | | | | | | 11. | + | \$ | | _ |
| | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | | | | | • | me. 12. | | Ψ—— Combi | | _ |
| 13. | Do you expect an increase or decrease within the year after you file this No. Yes. Explain: | formí | • | | | | | | month | ly income | |

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| Fill in this information to identify you | ır case: | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------|
| Debtor 1 Howard Heath Young | | Check if this | ie: | |
| Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Case number (If known) Official Form 106J Schedule J: You Be as complete and accurate as possi information. If more space is needed, (if known). Answer every question. | r Expenses | An amen A supple expense: MM / DD / | nded filing ment showing postp s as of the following YYYYY sponsible for supplyi | date: 12/15 ing correct |
| Part 1. Describe Your House | hold | | | |
| 1. Is this a joint case? | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a sepa | arate household? fficial Form 106J-2, <i>Expenses for</i> S | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? | <u>⊒</u> No | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age | with you? |
| Do not state the dependents' names. | | Son | | □ No ✓ Yes |
| | | Son | <u>8</u> | No Ves No Yes No Yes No Yes No Yes No Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | No Yes | | | |
| Part 2: Estimate Your Ongoing | Monthly Expenses | | | |
| Estimate your expenses as of your batexpenses as of a date after the bankru applicable date. Include expenses paid for with non-casuch assistance and have included it | uptcy is filed. If this is a supplemental su | ental Schedule J, check the box | • | n and fill in the |
| 4. The rental or home ownership exp | • | , | | 3,115.00 |
| any rent for the ground or lot. | - | | 4. \$ | 3,113.00 |
| If not included in line 4: | | | | 0.00 |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or rente | | | 4b. \$ | 298.00 |
| 4c. Home maintenance, repair, and | nahreeh exhenses | | 4c. \$ | |

4d. Homeowner's association or condominium dues

0.00

4d.

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Debtor 1

Howard Heath Young & Lauren Kathryn Young

First Name Middle Name Last Name

Case number (if known) 24-56749

| | | | Your ex | kpenses |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|----------|
| 5. Additional mo | ortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. Utilities: | | | | |
| | y, heat, natural gas | 6a. | \$ | 747.00 |
| | ewer, garbage collection | 6b. | \$ | |
| · | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | |
| 6d. Other. S | pecify: | 6d. | \$ | 0.00 |
| 7. Food and ho | usekeeping supplies | 7. | \$ | 950.00 |
| 8. Childcare and | d children's education costs | 8. | \$ | 1.100.00 |
| 9. Clothing, lau | ndry, and dry cleaning | 9. | \$ | 180.00 |
| 10. Personal care | e products and services | 10. | \$ | 196.00 |
| 11. Medical and | dental expenses | 11. | \$ | 260.00 |
| - | on. Include gas, maintenance, bus or train fare. | 12. | \$ | 640.00 |
| 13. Entertainmer | nt, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | ontributions and religious donations | 14. | \$ | 60.00 |
| 15. Insurance. Do not include | e insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insu | rance | 15a. | \$ | 59.95 |
| 15b. Health in | nsurance | 15b. | \$ | 0.00 |
| 15c. Vehicle i | nsurance | 15c. | \$ | 457.63 |
| 15d. Other ins | surance. Specify: | 15d. | \$ | 0.00 |
| | t include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. Installment o | r lease payments: | | | |
| 17a. Car payr | ments for Vehicle 1 | 17a. | \$ | 651.00 |
| 17b. Car payr | ments for Vehicle 2 | 17b. | \$ | 501.00 |
| 17c. Other. S | pecify: | 17c. | \$ | 0.00 |
| 17d. Other. S | pecify: | 17d. | \$ | 0.00 |
| | nts of alimony, maintenance, and support that you did not report as deducted from line 5, Schedule I, Your Income (Official Form 106I). | n 18. | \$ | 0.00 |
| 19. Other payme | nts you make to support others who do not live with you. | | | |
| Specify: | | 19. | \$ | 0.00 |
| 20. Other real pro | operty expenses not included in lines 4 or 5 of this form or on Schedule I: Your Ir | ncome. | | |
| 20a. Mortgage | es on other property | 20a. | \$ | 0.00 |
| 20b. Real esta | ate taxes | 20b. | \$ | 0.00 |
| 20c. Property | , homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintena | ance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeow | ner's association or condominium dues | 20e. | \$ | 0.00 |

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| Debtor 1 | Howard He | ath Young | | (| Case number (if kn | 24- | -56749 | |
|------------|------------------|--------------------|--------------------------|----------------------------------|--------------------|------|--------|-------------|
| | First Name | Middle Name | Last Name | | , | , | | |
| . Other. S | Specify: | | | | | 21. | +\$ | 0.00 |
| | | | | | | | +\$ | |
| | | | | | | | +\$ | |
| Calcula | ate your mor | thly expenses. | | | | | | |
| 22a. Add | d lines 4 thro | ıgh 21. | | | | 22a. | \$ | 10,025.58 |
| 22b. Co | py line 22 (m | onthly expenses | for Debtor 2), if any, f | from Official Form 106J-2 22c. | Add line 22a | 22b. | \$ | |
| and 22b | o. The result is | your monthly e | xpenses. | | | 22c. | \$ | 10,025.58 |
| Calculate | e your month | nly net income. | | | | | | 10 00E 20 |
| 23a. Co | py line 12 (yo | our combined mo | onthly income) from So | chedule I. | | 23a. | \$ | 10,025.38 |
| 23b. Co | ppy your mont | hly expenses fro | om line 22c above. | | | 23b. | - \$ | 10,025.58 |
| | • | | from your monthly in | come. | | | \$ | -0.20 |
| The | e result is you | ır monthly net in | come. | | | 23c. | Ψ | |
| Do you e | expect an inc | rease or decre | ase in your expense | s within the year after you fil | e this form? | | | |
| For exam | nple, do you e | expect to finish p | aying for your car loar | n within the year or do you exp | ect your | | | |
| | | | | odification to the terms of your | | | | |
| ✓ No. | | | | | | | | |
| ☐ Yes. | Explain h | ere: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Fill in this in | formation to ide | entify your case: | | |
|---------------------------------|------------------|--------------------------------|-----------|--|
| Debtor 1 | Howard Hea | th Young Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | Lauren Kath | ryn Young Middle Name | Last Name | |
| | | or the Northern District of Ge | əorgia | |
| Case number (If known) | 24-56749 | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|----------------------------------------------|------------------------------------------------------------------|
| d vou pay or agree to pay someone who is | s NOT an attorney to help you fill out bankruptcy forms? |
|] No | , |
| Yes. Name of person | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | e read the summary and schedules filed with this declaration and |
| at they are true and correct. | |
| | |
| /s/ Howard Heath Young | ★ /s/ Lauren Kathryn Young |
| /s/ Howard Heath Young Signature of Debtor 1 | /s/ Lauren Kathryn Young Signature of Debtor 2 |
| | |

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| Fill in this info | rmation to ident | ify your case: | |
|-----------------------|------------------|-------------------------|----------------|
| Debtor 1 | Howard Heath | Young | |
| Debioi 1 | First Name | Middle Name | Last Name |
| Debtor 2 | Lauren Kathr | yn Young | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court | for the: Northern Distr | ict of Georgia |
| Case number (if know) | 24-56749 | | |
| | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Give Details About Your Marital Status and | d Where You Lived Befo | re | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| What is your current marital status? Married Not married | | | | |
| | thau thau whau way live | 2 | | |
| 2. During the last 3 years, have you lived anywhere o | ther than where you live | now? | | |
| ✓ No✓ Yes. List all of the places you lived in the last 3 year | urs. Do not include where y | ou live now. | | |
| Within the last 8 years, did you ever live with a spo property states and territories include Arizona, Californ Wisconsin.) | | | | |
| ✓ No | | | | |
| Yes. Make sure you fill out Schedule H: Your Code | btors (Official Form 106H) |) | | |
| Part 2: Explain the Sources of Your Income | | | | |
| 4. Did you have any income from employment or from Fill in the total amount of income you received from all If you are filling a joint case and you have income that No Yes. Fill in the details. | jobs and all businesses, i | ncluding part-time activiti | es. | ars? |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply | Gross income (before deductions and exclusions) | Sources of income Check all that apply | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions bonuses, tips | s, \$ <u>20,000.00</u> | Wages, commissions bonuses, tips | s, \$ <u>2,730.00</u> |
| | Operating a business | 3 | Operating a business | 3 |
| For last calendar year: | Wages, commissions bonuses, tips | \$, \$ <u>175,000.00</u> | Wages, commissions bonuses, tips | \$, \$ <u>0.00</u> |
| (January 1 to December 31, 2023 | Operating a business | 5 | Operating a business | 3 |
| For the calendar year before that: | Wages, commissions bonuses, tips | s, \$ 78,661.00 | Wages, commissions bonuses, tips | s, \$ 0.00 |
| (January 1 to December 31, 2022 | Operating a business | | Operating a business | |
| 5. Did you receive any other income during this year Include income regardless of whether that income is to unemployment, and other public benefit payments; per and gambling and lottery winnings. If you are filing a journal polytor 1. | exable. Examples of <i>other</i> nsions; rental income; inte | income are alimony; child rest; dividends; money co | ollected from lawsuits; roya | alties; |

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Debtor

| ✓ No | ch source and the gross income from each | h source separately. Do not ind | clude income that you listed in line 4. | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Part 3: | List Certain Payments You Made Bel | ore You Filed for Bankruptc | y | |
| 6. Are eit | her Debtor 1's or Debtor 2's debts prim | narily consumer debts? | | |
| ✓ No. | Neither Debtor 1 nor Debtor 2 has prin "incurred by an individual primarily for a | | sumer debts are defined in 11 U.S.C. § 101(8 purpose." | 3) as |
| | During the 90 days before you filed for b | ankruptcy, did you pay any cre | editor a total of \$7,575* or more? | |
| | No. Go to line 7. | | | |
| | Yes. List below each creditor to whom the total amount you paid that creditor as child support and alimony. Also, do | or. Do not include payments for | r domestic support obligations, such | |
| | * Subject to adjustment on 4/01/25 and 6 | every 3 years after that for cas | es filed on or after the date of adjustment. | |
| ☐ Yes | . Debtor 1 or Debtor 2 or both have pr During the 90 days before you filed for | imarily consumer debts. bankruptcy, did you pay any cı | reditor a total of \$600 or more? | |
| | ☐ No. Go to line 7. | | | |
| | | nts for domestic support obliga | more and the total amount you paid that ations, such as child support and bankruptcy case. | |
| include corpora agent, i | your relatives; any general partners; relations of which you are an officer, director | tives of any general partners; p , person in control, or owner of | a debt you owed anyone who was an insi- partnerships of which you are a general partner 20% or more of their voting securities; and a § 101. Include payments for domestic suppo | er; ny managing |
| _ | . List all payments to an insider. | | | |
| insider Include No. | | ned by an insider. | s or transfer any property on account of a | debt that benefited an |
| Part 4: | Identify Legal Actions, Repossession | ns. and Foreclosures | | |
| 9. Within List all | 1 year before you filed for bankruptcy, | were you a party in any law | suit, court action, or administrative procedures, collection suits, paternity actions, support | |
| ✓ Yes | . Fill in the details. | Nature of the case | Court or agency | Status of the |
| | | | oom o agano, | case |
| Profit I v Tech Techm <u>Young</u> Case i | n Funding LLC a Florida Limited Liability Company Imonk, LLC dba Ionk and Howard Heath | Complaint; Date filed: 03/29/2024 | Circuit Court of the Seventeenth Court Name Judicial Circuit in Broward County Number Street Florida Civil Division | ✓ Pending |
| | | | City State ZIP Code | |
| | | | | |

Official Form 107

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| Case title: Fox Capital Group, INC., a Florida Profit Corporation v | Complaint; Date filed: 03/28/2024 | Circuit Court of the Seventeenth | Pending On appeal |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------|-------------------------------------|
| Techmonk, LLC dba Techmonk and Howard H. Young, | | Court Name Judicial Circuit in Broward County | Concluded |
| Case number: CACE 24-003848 | | Number Street Florida Civil Division | |
| | | City State ZIP Code | |
| Case title: BMT Capital Group Inc, v Techmonk, LLC and Howard Heath Young | Breach of Contract; Date filed: 03/15/2024 | Supreme Court of the State of New York Kings Court Name County | Pending On appeal Concluded |
| Case number: <u>507693/2024</u> | | 360 Adams St #4 | |
| | | Number Street Brooklyn NY 11201 | |
| | | City State ZIP Code | |
| Case title: Peachtree Corners Project Owner LLC v TechMonk LLC, | Landlord Tenant; Date filed: 03/18/2024 | State Court of Gwinnett County Court Name | ✓ Pending ☐ On appeal ☐ Concluded |
| Howard Young and all other Occupants Case number: 24-C-02419-S4 | | Number Street | . Concluded |
| | | | |
| Case title: | Civil; Date filed: 04/02/2024 | City State ZIP Code | ✓ Pending |
| Seamless Capital Group, LLC v Techmonk, LLC Maid Easy | | Supreme Court of the State of New York Court Name | On appeal |
| LLC, Ytech LLC, Techmonk Solutions L.L.C. Sundialo | | County of Ontario | Concluded . |
| Studios LLC, and Howard Heath Young | | Number Street | _ |
| Case number: <u>138575-2024</u> | | City State ZIP Code | |
| 10.Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | ossessed, foreclosed, garnished, attached, seize | d, or levied? |
| No. Go to line 11. | | | |
| Yes. Fill in the information below. | | | |
| 11.Within 90 days before you filed for bankrup from your accounts or refuse to make a pay | | a bank or financial institution, set off any amount ? | ts |
| ✓ No | | | |
| Yes. Fill in the details | | | |
| 12.Within 1 year before you filed for bankrupto creditors, a court-appointed receiver, a cus | | he possession of an assignee for the benefit of | |
| ☑ No | | | |
| Yes | | | |
| Part 5: List Certain Gifts and Contributions | 5 | | |
| 13.Within 2 years before you filed for bankrup | tcy, did you give any gifts with a | a total value of more than \$600 per person? | |
| ✓ No✓ Yes. Fill in the details for each gift. | | | |
| 14.Within 2 years before you filed for bankrup | tcy, did you give any gifts or co | ntributions with a total value of more than \$600 to | o any charity? |
| ✓ No | | | |
| Yes. Fill in the details for each gift or contrib | oution. | | |
| Part 6: List Certain Losses | | | |
| 15.Within 1 year before you filed for bankrupto gambling? | cy or since you filed for bankrup | tcy, did you lose anything because of theft, fire, | other disaster, or |
| ✓ No | | | |
| Yes. Fill in the details. | | | |

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| anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Include any attorneys, bankruptcy petition and value of any property transferred Date payment or transfer was made | Rountree Leitman Klein & Geer, LLC Person Who Was Paul 2887 Claimont Rd Number Suited 350 Allanta GA 30329 City State ZIP Code disiglaw.com Person Who Made the Payment, if Not You Description and value of any property transferred made Debtoredu.com Person Who Was Paul Number Street City State ZIP Code debtoredu.com Person Who Made the Payment, if Not You Description and value of any property transferred made Debtoredu.com Person Who Made the Payment, if Not You Description and value of any property transferred made Description and value of any property to anyone description and value of any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Note that the details. Within 10 years before you filed for bankruptcy, did you sall, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers made as security flush as the granting of a security interest or mortgage on your property). Do not include gifts and transfe | art 7: List Certain Payments or Transfers | | | |
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| 20.Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | |
| Yes. Fill in the details. | |
| 21.Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | |
| ✓ No ☐ Yes. Fill in the details. | |
| 22.Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy | |
| ☑ No | |
| Yes. Fill in the details. | |
| Part 9: Identify Property You Hold or Control for Someone Else | |
| 23.Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | |
| ✓ No ☐ Yes. Fill in the details. | |
| Part 10: Give Details About Environmental Information | |
| For the purpose of Part 10, the following definitions apply: | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | |
| Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | |
| Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | |
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | |
| 24.Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | |
| ✓ No ☐ Yes. Fill in the details. | |
| 25.Have you notified any governmental unit of any release of hazardous material? | |
| ✓ No | |
| Yes. Fill in the details. | |
| 26.Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | |
| Yes. Fill in the details. | |
| Part 11: Give Details About Your Business or Connections to Any Business | |
| 27.Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | |
| A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | |
| A member of a limited liability company (LLC) or limited liability partnership (LLP) | |
| ☐ A partner in a partnership | |
| ☐ An officer, director, or managing executive of a corporation☐ An owner of at least 5% of the voting or equity securities of a corporation | |
| No. None of the above applies. Go to Part 12. | |
| Yes. Check all that apply above and fill in the details below for each business. | |
| | |

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| Techmonk, LLC Business Name | Describe the nature of the business Apple Retailer | Employer Identification number Do not include Social Security number or ITIN. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------|
| 1905 Corporate Blvd Number Street Boca Raton FL 33431 City State ZIP Code | Name of accountant or bookkeeper Sundial Studios, LLC | EIN: 8 8 -3 0 2 9 7 7 0 Dates business existed From 07/01/2022 To Current |
| 28.Within 2 years before you filed for bankr institutions, creditors, or other parties. ✓ No. None of the above applies. Go to Pa ✓ Yes. Check all that apply above and fill in | | about your business? Include all financial |

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| answers are true and correct. I understa | nt of Financial Affairs and any attachments, and I declare under penalty of perjury that the nd that making a false statement, concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, or both. |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ★ /s/ Howard Heath Young Signature of Debtor 1 | /s/ Lauren Kathryn Young Signature of Debtor 2 |
| Date <u>07/16/2024</u> | Date <u>07/16/2024</u> |
| Did you pay or agree to pay someone wl | ho is not an attorney to help you fill out bankruptcy forms? |
| ✓ No | |
| Yes. Name of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this in | formation to | identify your case | : : |
|-----------------------------------------|------------------------------|--------------------------|---------------|
| Debtor 1 | Howard Heath | Young | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Lauren Kathr | ryn Young | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name |
| United States E Case number (if known) | Bankruptcy Court 24-56749 | for the: Northern Distri | ct of Georgia |
| | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

an amended filing

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below What do you intend to do with the property Did you claim the property as Identify the creditor and the property that is collateral that secures a debt? exempt on Schedule C? Creditor's Surrender the property. No No Small Business Administration name: Retain the property and redeem it. ☐ Yes Description of 2015 Forest Glen Drive Retain the property and enter into a property Reaffirmation Agreement. securing debt: ☐ Retain the property and [explain]: Creditor's ✓ Surrender the property. ✓ No Pen Fed name: Retain the property and redeem it. ☐ Yes Description of 2015 Forest Glen Drive Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]:

Part 2: **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| ., ., | 0 (1-)(1-) |
|----------------------------------------------------|----------------------------|
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: Volvo Car Retail | □ No ✓ Yes |
| Description of leased property: 2023 Volvo XC90 | _ |

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Debtor

| Describe your unexpired personal property leases | Will the lease be assumed? | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|--|--|--|--|
| Lessor's name: Volvo Car Retail | □ No ☑ Yes | | | | | | | |
| Description of leased property: 2023 Volvo S60 | | | | | | | | |
| | | | | | | | | |
| Part 3: Sign Below | | | | | | | | |
| Under penalty of periury. I declare that I have indicated my intention about any property of my estate that secures a debt and any personal | | | | | | | | |

| Inder penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any persona |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| roperty that is subject to an unexpired lease. |
| |

Date 07/16/2024 MM/DD/YYYY

/s/ Howard Heath Young

Signature of Debtor 1

/s/ Lauren Kathryn Young
Signature of Debtor 2

Date $\frac{07/16/2024}{MM/DD/YYYY}$

Filed 07/16/24 Entered 07/16/24 15:25:42 Case 24-56749-pwb Doc 16 Desc Main Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Howard Heath Young Debtor 1 1. There is no presumption of abuse. Lauren Kathryn Young Debtor 2 (Spouse, if filing) First Name Middle Name Last Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 United States Bankruptcy Court for the: Northern District of Georgia Means Test Calculation (Official Form 122A-2). Case number 24-56749 3. The Means Test does not apply now because of (If known) qualified military service but it could apply later. ☐ Check if this is an amended filing Official Form 122A—1 Chapter 7 Statement of Your Current Monthly Income 12/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ■ Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Debtor 1 Debtor 2 or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses Copy Net monthly income from a business, profession, or farm

 Net income from rental and other real property Gross receipts (before all deductions)
 Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Debtor 1

Debtor 2

Сору

here -

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| Debtor 1 | Howard Heath Young | | ase number (if known)_ | 24-56 | 749 | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|-------------------------------------------|------------------------------|
| | First Name Middle Name Last Name | | | | | |
| | | | Column A Debtor 1 | D | olumn B ebtor 2 or on-filing spouse | |
| 8. Unem | ployment compensation | | \$ | | \$ | |
| | t enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | | | - | | |
| | you | | | | | |
| | your spouse | Ψ | | | | |
| benefi not ind United disabi pay pa does i | on or retirement income. Do not include any amount under the Social Security Act. Also, except as staclude any compensation, pension, pay, annuity, or distates Government in connection with a disability lity, or death of a member of the uniformed service aid under chapter 61 of title 10, then include that panot exceed the amount of retired pay to which you I under any provision of title 10 other than chapter | ated in the next sentence, do allowance paid by the v, combat-related injury or es. If you received any retired ay only to the extent that it would otherwise be entitled if | \$ | _ | \$ | |
| Do no as a v terrori States death | ne from all other sources not listed above. Spect include any benefits received under the Social Secictim of a war crime, a crime against humanity, or ism; or compensation, pension, pay, annuity, or allows Government in connection with a disability, combot a member of the uniformed services. If necessate page and put the total below. | ecurity Act; payments received international or domestic owance paid by the United at-related injury or disability, or | | | | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| Total | amounts from separate pages, if any. | | + \$ | + | \$ | |
| | late your total current monthly income. Add line n. Then add the total for Column A to the | | \$ | + | \$ | Total current monthly income |
| Part 2: | Determine Whether the Means Test App | plies to You | | | | |
| 12. Calcu | late your current monthly income for the year. I | Follow these steps: | | | | |
| 12a. | Copy your total current monthly income from line | 11 | | Copy lii | ne 11 here 🛨 | \$ |
| | Multiply by 12 (the number of months in a year). | | | | | x 12 |
| 12b. | The result is your annual income for this part of the | e form. | | | 12b. | \$ |
| 13. Calcu | late the median family income that applies to y | ou. Follow these steps: | | | | |
| Fill in | the state in which you live. | | | | | |
| Fill in | the number of people in your household. | | | | | |
| Fill in | the median family income for your state and size o | f household | | | 13. | \$ |
| To fine | d a list of applicable median income amounts, go octions for this form. This list may also be available | online using the link specified in | | | | |
| 14. How (| do the lines compare? | | | | | |
| 14a. - | Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Form | | ere is no presump | otion of a | abuse. | |
| 14b. 🖵 | Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 122A–2. | ge 1, check box 2, <i>The presump</i> | ntion of abuse is de | etermin | ed by Form 122. | 4-2 . |

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| Debtor 1 | Howard Heath Young First Name Middle Name Last Name | Case number (if known) 24-56749 | | | | |
|----------|--------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|--|
| Part 3 | Sign Below | | | | | |
| | By signing here, I declare under penalty of perjury that the | he information on this statement and in any attachments is true and correct. | | | | |
| | ✗ /s/ Howard Heath Young | /s/ Lauren Kathryn Young | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | |
| | Date 07/16/2024 MM / DD / YYYY | Date 07/16/2024 MM / DD / YYYY | | | | |
| | If you checked line 14a, do NOT fill out or file Form 1 | 22A-2. | | | | |
| | If you checked line 14b, fill out Form 122A–2 and file | it with this form. | | | | |

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| Fill in this | nformation to identify your case: | | | of 47 |
|--------------------------------|---------------------------------------------|---------------|-------------|-----------------------------------|
| Debtor 1 | Howard Heath Young First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing | Lauren Kathryn Young First Name Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: Northern Distri | ct of Georgia | | |
| Case number | 24-56749 | | | |
| | | | | Check if this is an amended filin |

Official Form 122A—1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

| Part 1: Identity the Kind of Debts You Have | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave on line 16 of the Voluntary Petition for andividuals Filing for Bankruptcy (Official Form 101). | | | | | | | | | |
| No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is no presumption of abuse</i> , and sign Part 3. Then submit this supplement with the signed Form 122A-1. | | | | | | | | | |
| ☐ Yes. Go to Part 2. | | | | | | | | | |
| Part 2: Determine Whether Military Service Provisions Apply to You | | | | | | | | | |
| 2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))? | | | | | | | | | |
| No. Go to line 3. | | | | | | | | | |
| Yes. Did you incur debts mostly while you were on active duty or while you were 10 U.S.C. § 101(d)(1)); 32 U.S.C. § 901(1). | e performing a homeland defense activity? | | | | | | | | |
| No. Go to line 3. | | | | | | | | | |
| Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1 Then submit this supplement with the signed Form 122A-1. | , There is no presumption of abuse, and sign Part 3. | | | | | | | | |
| 3. Are you or have you been a Reservist or member of the National Guard? | | | | | | | | | |
| No. Complete Form 122A-1. Do not submit this supplement. | | | | | | | | | |
| Yes. Were you called to active duty or did you perform a homeland defense ac | tivity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1) | | | | | | | | |
| No. Complete Form 122A-1. Do not submit this supplement. | No. Complete Form 122A-1. Do not submit this supplement. | | | | | | | | |
| Yes. Check any one of the following categories that applies: | | | | | | | | | |
| I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on | If you checked one of the categories to the left, go to Form 22A-1. On the top of page 1 of Form 22A-1, check box 3, <i>The Means Test does not apply now,</i> and sign Part 3. Then submit this supplement with the signed Form 22A-1. You are not required to fill out the rest of Official Form 22A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). | | | | | | | | |
| I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. | | | | | | | | |

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United States Bankruptcy Court

| | Northern District of Georgia | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Ir | re Howard Heath Young & Lauren Kathryn Young | |
| | | Case No. 24-56749 |
| De | ebtor | Chapter ⁷ |
| | | |
| | DISCLOSURE OF COMPENSATION OF ATTORNEY | FOR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that above named debtor(s) and that compensation paid to me within one ye petition in bankruptcy, or agreed to be paid to me, for services rendered the debtor(s) in contemplation of or in connection with the bankruptcy of | ar before the filing of the or to be rendered on behalf of |
| <u>Fl</u> | LAT FEE | |
| | For legal services, I have agreed to accept | \$_4,000.00 |
| | Prior to the filing of this statement I have received | \$ 4,000.00 |
| | Balance Due. | \$_0.00 |
| R | ETAINER | |
| | For legal services, I have agreed to accept a retainer of | \$ |
| | The undersigned shall bill against the retainer at an hourly rate of | \$ |
| | [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all C approved fees and expenses exceeding the amount of the retainer. | Court |
| 2. | The source of the compensation paid to me was: | |
| | Debtor Other (specify) | |
| 3. | The source of compensation to be paid to me is: | |
| | Debtor Other (specify) | |
| 4. | I have not agreed to share the above-disclosed compensation with are members and associates of my law firm. | any other person unless they |
| | I have agreed to share the above-disclosed compensation with a of e not members or associates of my law firm. A copy of the Agreement, togethe people sharing the compensation is attached. | • • |
| 5. | In return of the above-disclosed fee, I have agreed to render legal service | e for all aspects of the |

- bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



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I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/16/2024 /s/ William Rountree, 616503

Date Signature of Attorney

Rountree, Leitman, Klein & Geer, LLC

Name of law firm 2987 Clairmont Road Suite 350 Atlanta, GA 30329